MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

Q

MANUAL COPY

٠.	 	AS FILED AFTER 1st AMENDME			All 2nd AM	TER ENDMENT	LAIN	, S	1.	•			•	_
	IND.	DEP.	IND.	DEP.	IND.	DEP.	1		INC.	DEP.	-	•		_
•	 -	┿		 -]	51	1	Uar.	IND.	DEP.	IND.	+
: :	 	+		 	 	ļ		52	 	 	╬	+		+
ί.			 	 	├	 	ł	-53			 	 	 	+
			 	 	 	 		54					 	†
					 	 		<u> 55</u>	<u> </u>					t
-							٠.,	56 57	├	<u> </u>	ļ			Ť
-		+ +	 					58	 -	 -	 			Ι
	-			<u> </u>				59	 -	┼	 			1
			 					. 60		 	 	 	 -	╀
		 	 					61		1	 	-		╀
			1	 				62						t
				 				63						t
1	1							. 64						t
-	-		 					65 68	 -	<u> </u>				T
1	{	 	 					67	-	 				Γ
1		-	 	 				68	 -		 			L
1		<u> </u>	 	 	 -			69	-	 	 	 		L
Į					 			70	-			 		+
+		<u> </u>		·			ŀ	71						┝
ł							ŀ	72 78						Ι.
f		-					ŀ	74	 -					
								75						
								78						_
Ļ		-					F	.77						_
-							F	78						-
ŀ							F	79 80		· .				_
r			-				ተ	81						
							f	82						
								.83						_
								84						_
-							-	85				 		
-							├	88						-
-							F	87 88						_
-							-	89	 					_
_				 				90	+					_
_							<u>_</u>	91					 	_
-							-	92					 	-
_							F	93						_
-							-	95						_
-							<u> </u>	98	+					_
_			 -					97	-+				-	_
_				 -				98						_
-	GL						-	100			+		 -	
_	8	1 [- 17		_		TAL	↓					
_	22			┵┢	J	ا الح				_ ;		1 L		
7	<u>30 l</u>	RES	g		8			OTAL EP.	~~ ~~~			-	+	
, ki	3-78)	_	•3	CAYBEU	EED FOR	40000	<u> ci</u>	ZAL			LE. DEPA		4	4